

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin

-vs-

**Petition to Modify
Bifurcated Sentence
§302.113(9g)
(Geriatric/Terminal)**

_____, Defendant
Name_____
Date of Birth

Case No. _____

1. I was sentenced for the crime of _____, on (date) _____.
- The total length of my bifurcated sentence for count _____ is _____ years, _____ months.
 - My initial term of confinement in prison is _____ years, _____ months.
 - The amount of extended supervision ordered by the court at the time of sentencing is _____ years, _____ months.

I was sentenced for the crime of _____, on (date) _____.

- The total length of my bifurcated sentence for count _____ is _____ years, _____ months.
- My initial term of confinement in prison is _____ years, _____ months.
- The amount of extended supervision ordered by the court at the time of sentencing is _____ years, _____ months.

I was sentenced for the crime of _____, on (date) _____.

- The total length of my bifurcated sentence for count _____ is _____ years, _____ months.
- My initial term of confinement in prison is _____ years, _____ months.
- The amount of extended supervision ordered by the court at the time of sentencing is _____ years, _____ months.

2. I am not serving a sentence for a Class A or B felony.

3. ☐ I have not previously filed a petition for modification of bifurcated sentence.

OR

- ☐ I have previously had a petition for modification of bifurcated sentence denied by the Program Review Committee. The denial was on (date) _____, and it has been over one year since that denial.

OR

- ☐ I have previously had a petition for modification of bifurcated sentence denied by the court. The denial was on (date) _____, and it has been over one year since that denial.

4. ☐ I am 65 years of age or older and have served at least 5 years of the term of confinement in prison.

OR

- ☐ I am 60 years of age or older and have served at least 10 years of the term of confinement in prison.

OR

- ☐ I have a terminal condition, and have attached and incorporated into this petition affidavits from two (2) physicians setting forth a diagnosis that I have a terminal condition.

5. ☐ My attorney, if any: Name: _____
Address: _____
Telephone: _____ Fax: _____

I request sentence modification.

Signature of Petitioner_____
Name Typed or Printed_____
Date

Distribution:

1. Program Review Committee – Original